



# REINSURANCE HOT NEWS

October 18, 2005

New Reinsurance Screen Access

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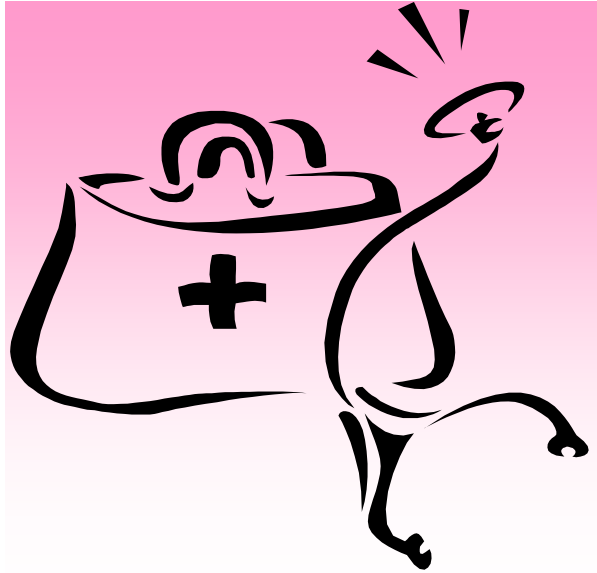
Automation of  
Reinsurance Edits H583 & H584

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Transplant Transportation/Lodging Reimbursement  
Request Form

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Transplant Outlier Calculation Template  
(attached to email)



## **AHCCCS Blood Factor Coverage Effective 10/01/2005**

As a result of the contract award to PCH-HOPE for blood factor, effective October 1, 2005, AHCCCS will require that encounters for this factor be submitted using the appropriate NDC codes. Encounters submitted using J codes will no longer be eligible for reimbursement. In addition, to be eligible for reinsurance reimbursement the above is true for encounters associated with HEM, and CHM reinsurance case types.

### **Coverage Code Change**

- Effective with dates of service on or after 07/01/2004 the CPT code 0073T (Compensator-based beam modulation treatment) has a change on it's coverage code--09 (Medicare only).

### **Limit Change**

- G0244 Medicare Observation daily limit has been adjusted to 24 on RF127 (Procedure OPFS Indicators and Values) screen. Please note that Medicare requires reporting number of hours.

### **Revenue Code**

- Effective with dates of service on or after 08/01/2000 the CPT code 93041(Rhythm ECG, one to three leads;) has been added to revenue code 730 (EKG/ECG).



## Reinsurance Edits H583 & H584

The reinsurance group is in the process of automating the association of timely submitted encounters to the reinsurance cases (edits H583 and H584). This process will review the date the encounter cleared all encounter and reinsurance edits and compare it to the date of service. If timely, it will automatically associate to a reinsurance case.

HIPAA guidelines now call for new day, void and replacement encounters. Adjustments are no longer allowed. Therefore, the guidelines instruct to void and replace when an adjustment is necessary. It has come to our attention that some health plans, in an attempt to adjust encounters, are performing a void and then submitting another new day encounter rather than a replacement encounter. The problem this causes for the reinsurance system is that the system can no longer link the second new day encounter (which really should have been a replacement) to the original which may cause a recoupment on a previously paid reinsurance associated encounter.

Per reinsurance rules, if an **untimely** adjustment is being performed on an **originally timely** submitted encounter and does not change the value of the encounter (i.e. provider ID changed, modifier changed, etc.) it will still be allowed to associate to the case and money previously paid will not be recouped.

However, given that this review for timeliness will now be automated, if your health plan is performing void/new day rather than void/replace for true replacements or adjustments, you run the risk of having the second new day encounter denied for time (if it is not timely) through the reinsurance system, thus potentially recouping any previously paid dollars.

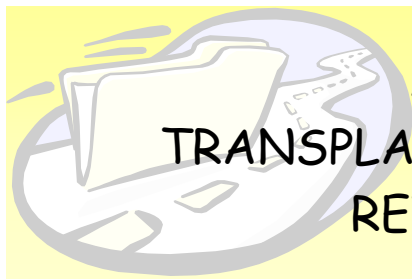
Currently, the automated process will **pend** anything that does not meet the timeliness standards and the pended reinsurance encounters will be manually reviewed to determine if denial is appropriate. However, upon implementation, this process will automatically deny, rather than pend, those that do not meet the timeliness standard. If your health plan is performing void/new day rather than void/replace for true replacements or adjustments, upon automation of the denial portion of this process, you will see reinsurance recoupments if the second new day is not timely.

This change is necessary because the reinsurance system consistently has 40,000+ pends per month related to the H583 and H584 edits that all are required to be manually cleared. Upon implementation, AHCCCS will no longer perform a manual review for these edits.

This memo is intended to give you forewarning of these changes. The estimated time of completion for the denial portion of the automation is November 2005.

Please ensure the appropriate staff are aware of this change.

Should you have any question please e-mail me at [kathy.rodham@azahcccs.gov](mailto:kathy.rodham@azahcccs.gov).



# AHCCCS REINSURANCE TRANSPLANT TRANSPORTATION/LODGING REIMBURSEMENT REQUEST

Mail or Fax to:  
AHCCCS  
Reinsurance Finance  
701 East Jefferson Street  
Mail Drop 6600  
Phoenix, Arizona 85034  
Fax 602. 417.4725

Health Plan/Program Contractor	
Health Plan/Program Contractor ID#	
Recipient Name	
AHCCCS ID#	
RI Case #	
AHCCCS CRN	
Dates of Service	
Paid Amount	
AHCCCS CRN	
Dates of Service	
Paid Amount	
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Dates of Service	
Paid Amount	

Following attachments must be sent with request:  
HCFA 1500  
Supporting documentation (Justification for transport)  
Proof of Payment

Health Plan or Program Contract Point of Contact should further information be required

Name \_\_\_\_\_ Phone \_\_\_\_\_